

VOUCHER NO. 7-12		REQUEST FOR PAYMENT AND POSTING VOUCHER										VOUCHER NO. 7-12	
TO : Finance Division, Accounts Branch THROUGH: Monetary Branch												DIVISION VOUCHER NO. <i>25 Sept. 63 1107</i>	
<p>Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office.</p>													
SUBJECT PAYMENT TO <i>Sanders Associates Inc.</i> AMOUNT <i>6,426.17</i>							INVOICE NO(S). CONTRACT NO. CHECK TO BE DATED <i>7 and 8 NH - 8420</i>						
CASH PAYMENT		<input checked="" type="checkbox"/> U.S. TREASURY CHECK				AGENT CASHIER CHECK				BANK CASHIER'S CHECK			
<p>THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ <i>6,426.17</i> SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW.</p>													
<p>I HEREBY AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$ OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF.</p>													
DATE	SIGNATURE OF PAYEE			DATE	SIGNATURE OF AGENT			DATE	SIGNATURE OF RECIPIENT				
DESCRIPTION-ALL OTHER ACCOUNTS 13-33				34-39 STATION CODE	40-42 EXPEND CODE	43 F U N D S	45-46 PAY PER. LIQ. CODE	47-52 OBLIG. REF. NO.	53 CA ADVANCE ACCT. NO.	54-57 GENERAL LEDGER ACCT. NO.	58-67 ALLOT. OR COST ACCT. NO.	68-70 DUE DATE	71-80 AMOUNT
DESCRIPTION- ADVANCE ACCOUNTS 13-27				T/A NO. P.O. NO. PROJECT NO.	PY								
<i>Sanders Associates Inc.</i>								<i>8420</i>	<i>601.0</i>	<i>60-1123-6005</i>	<i>740</i>	<i>6,426.17</i>	<i>10</i>
									<i>138.3</i>				<i>6,426.17</i>
<p><i>Regional & Local address ✓ Contact NH - 8420 (Post) ✓ Voucher ✓ DEC-B&F</i></p>													
25X1	PREPARED BY	DATE	25 Sep 63	AUTHORIZED CERTIFYING OFFICER	/S/	DATE		TOTALS	6,426.17	6,426.17			

Standard Form No. 1034
7 GAO 5030
1034-107

PUBLIC DUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

O. VOU. NO. _____

Use continuation sheet(s) if necessary

BU. VOU. NO. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO Sanders Associates, Inc.
(Payee)
Nashua, N. H.
(Address)

PAID BY

Contract No. NH-8420 Date Req. No. Date Invoice Rec'd.
Shipped from to Weight Govt. B/L No.

No. and Date of Order	Date of Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	ARTICLES OR SERVICES	Quantity	UNIT PRICE		AMOUNT
					Cost	Per	
			Invoice Numbers				\$ 4,891.24
			7 (Orig. Inv. Att.)				\$ 1,534.93
			8 " "				
							TOTAL \$ 6,426.17

PAYMENT:	(PAYEE MUST NOT USE THIS SPACE)		
COMPLETE <input type="checkbox"/>	DIFFERENCES _____		
PARTIAL <input type="checkbox"/>	_____		
FINAL <input type="checkbox"/>	_____		
PROGRESS <input type="checkbox"/>	_____		
ADVANCE <input type="checkbox"/>	Amount verified; correct for _____ (Signature or initials) _____		

STAT	t Approved for _____ = \$ _____ By _____	23 SEP 1963 (Date)
STAT	Title _____ Exchange rate _____ = \$1.00	(Contracting Officer)
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE IN AGREEMENT IN ANY FORM		
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____
(Name of Bank)

Cash, \$ _____, on _____, 19 ____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

Standard Form No. 1034
7 GAO 5030
1034-106-02

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

D. O. VOU. NO. _____

Use continuation sheet(s) if necessary

7

BU. VOU. NO. _____

U. S. DEPARTMENT OF THE NAVY

(Department, bureau, or establishment)

Voucher prepared at NASHUA, NEW HAMPSHIRE AUG 15, 1963
(Give place and date)Payee's Account No. Discount TermsTO SANDERS ASSOCIATES, INC
(Payee) P O BOX 860 CHURCH ST STATION
NEW YORK 8, NEW YORK

PAID BY

OSA 8/15/63

(Address)

Contract No. NH-8420 Date Req. No. Date Invoice Rec'd.

Shipped from to Weight Govt. B/L No.

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
	12 JULY THRU 31 JULY 1963	FORWARDED FROM ANALYSIS OF COSTS SUPPLEMENT INVOICE NO 1XFR-13-20518 9XFR-13-20518				\$4,891.24
					TOTAL	\$4,891.24

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

PAYMENT:

- COMPLETE
PARTIAL
FINAL
PROGRESS
ADVANCE

Amount verified; correct for _____

(Signature or initials)

† Approved for _____ = \$ _____

Pursuant to authority vested in me, I certify that
this voucher is correct and proper for payment.

By _____

†

(Authorized Certifying Officer)

(Date)

Title _____

Exchange rate _____ = \$1.00

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (REVISED 12-57)

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control Activity No.	Bureau Control No.	Subauthorization		Amount
						Activity	Number	

I.R.No's. Project Order Date

Paid by { Check No. _____ on Treasurer of the United States
 Check No. _____ on _____ (Name of Bank)
 Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

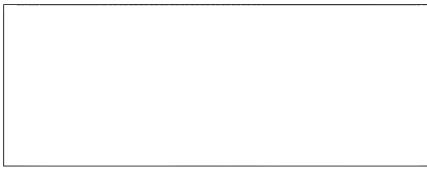
Title _____

U.S. DEPARTMENT OF THE NAVY		CONTRACT NUMBER	NH-8420
GROSS COSTS INCURRED AND FEE EARNED		CURRENT CLAIM	CUM. TO DATE
MATERIAL, SUBCONTRACTING, PLANT EQUIPMENT, ETC.	MATERIAL FOR END PRODUCT	\$ 2,452.06	\$ 39,809.67
STAT	MATERIAL FOR SPECIAL TOOLING FABRICATED AND PURCHASED		
CONTRACTOR'S CERTIFI CATE ALONE AT TIME OF SETTLEMENT TERMINATION OF CONTRACT COMMITMENT AND AGREEMENT	OTHER MATERIAL		
	SUBCONTRACTING COST - TYPE SUBCONT. COSTS		
	FIXED - PRICE REDETERMINABLE		
	TERMINATION SETTLEMENT COSTS - SUBCONTRACTS		
	PLANT CLASS (3) EQUIP.		
	INDUST'L CLASS (4) PROD. EQUIP.		
	MINOR PLANT EQUIPMENT		
DIRECT LABOR	TOTAL: SUBJECT TO MATERIAL HANDLING OVERHEAD	\$ 2,452.06	\$ 39,809.67
	MATERIAL HANDLING OVERHEAD	134.87	1,073.87
	DIRECT LABOR THRU 1/31/63		961.93
	ENGINEERING LABOR	647.18	19,726.91
	PRODUCTION LABOR		96.82
	LABOR ON SPECIAL TOOLING FABRICATED		
	OTHER DIRECT LABOR		
OVERHEAD	MFG. OVERHEAD THROUGH 1/31/63		1,077.36
	ENGINEERING OVERHEAD	699.39	21,253.66
	PRODUCTION OVERHEAD		121.03
	OVERHEAD ON SPECIAL TOOLING FABRICATED		
	OTHER DIRECT OVERHEAD		
OVERTIME PREMIUM		12.28	503.91
TRANSPORTATION OF THINGS			
OTHER DIRECT CHARGES (TRAVEL, COMMUNICATION, ETC.)		289.06	850.26
TOTAL MANUFACTURING COST		\$ 4,234.84	\$ 85,475.42
GENERAL AND ADMINISTRATIVE EXPENSE	5%	211.74	4,683.70
TOTAL MANUFACTURING COST AND G & A		\$ 4,446.58	\$ 90,159.12
FIXED FEE		444.66	8,982.91
TOTAL GROSS BILLING		\$ 4,891.24	\$ 99,142.03
ADD: RESUBMISSION OF COSTS			
TOTAL CURRENT CLAIM FOR REIMBURSEMENT		\$ 4,891.24	

OSA 4703-63

P.O. Box 232
Nashua, New Hampshire
August 22, 1963
MV-117

STAT



STAT

Attention:

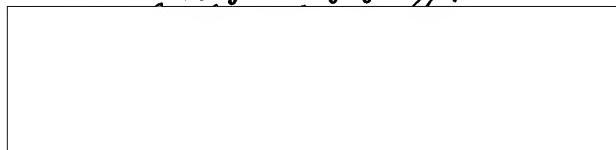
STAT

Dear

Forwarding Support for Analysis of Costs Supplement
and Voucher No. 7 on Contract No. NH-8420.

STAT

Very truly yours,



EGB/mns

Enclosures

Standard Form No. 1034
7 GAO 5030
1034-106-23**PUBLIC DUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

VOU. NO. _____

8

BU. VOU. NO. _____

Use continuation sheet(s) if necessary

DEPARTMENT OF THE NAVY

(Department, bureau, or establishment)

Voucher prepared at NASHUA, NEW HAMPSHIRE AUG 22, 1963

(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO SANDERS ASSOCIATES, INC
(Payee) P O BOX 860 CHURCH ST STATION
NEW YORK 8, NEW YORK

(Address)

PAID BY

ENCL TO
OSA - 4819-63Contract No. NH 8420 Date Req. No. Date Invoice Rec'd.
Shipped from to Weight Govt. B/L No.

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
	<u>31 JULY</u> <u>THRU</u> <u>16 AUG</u> <u>1963</u>	<u>FORWARD FROM ANALYSIS</u> <u>OF COSTS SUPPLEMENT</u>				<u>\$ 1,534.93</u>
INVOICE NO 1XFR-13-20690						<u>\$ 1,534.93</u>

PAYMENT:	(PAYEE MUST NOT USE THIS SPACE)		Differences	
COMPLETE <input type="checkbox"/>				
PARTIAL <input type="checkbox"/>				
FINAL <input type="checkbox"/>				
PROGRESS <input type="checkbox"/>				
ADVANCE <input type="checkbox"/>				
			Amount verified; correct for	
			(Signature or initials)	

Pursuant to authority vested in me, I certify that
this voucher is correct and proper for payment.

† Approved for _____ = \$ _____

By _____

†

(Authorized Certifying Officer)

(Date)

Title _____

Exchange rate _____ = \$1.00

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (REVISED 12-57)

Appropriation Symbol and Subhead	Object Class	Expenditure Account	Chargeable Activity	Bureau Control Activity No.	Bureau Control No.	Subauthorization		Amount
						Activity	Number	

I.R.No's. Project Order Date

Paid by { Check No. _____ on Treasurer of the United States
Check No. _____ on _____ (Name of Bank)
Cash, \$ _____ , on _____ , 19 _____ Payee _____
Per _____
Title _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

U.S. DEPARTMENT OF THE NAVY		CONTRACT NUMBER	NH 8420
GROSS COSTS INCURRED AND FEE EARNED		CURRENT CLAIM	CUM. TO DATE
MATERIAL, SUBCONTRACTING, PLANT EQUIPMENT, ETC.	MATERIAL FOR END PRODUCT MATERIAL FOR SPECIAL TOOLING FABRICATED AND PURCHASED OTHER MATERIAL SUBCONTRACTING COST - TYPE SUBCONT. COSTS FIXED - PRICE REDETERMINABLE TERMINATION SETTLEMENT COSTS - SUBCONTRACTS PLANT CLASS (3) EQUIP. INDUST'L CLASS (4) PROD. EQUIP. MINOR PLANT EQUIPMENT	\$	\$ 39,809.67
DIRECT LABOR	TOTAL: SUBJECT TO MATERIAL HANDLING OVERHEAD MATERIAL HANDLING OVERHEAD DIRECT LABOR THRU 1/31/63 ENGINEERING LABOR PRODUCTION LABOR LABOR ON SPECIAL TOOLING FABRICATED OTHER DIRECT LABOR	\$ 642.00	\$ 39,809.67 1,073.87 961.93 20,368.91 96.82
OVERHEAD	MFG. OVERHEAD THROUGH 1/31/63 ENGINEERING OVERHEAD PRODUCTION OVERHEAD OVERHEAD ON SPECIAL TOOLING FABRICATED OTHER DIRECT OVERHEAD	\$ 686.94 ✓	\$ 1,077.36 21,940.60 121.03
OVERTIME PREMIUM			503.91
TRANSPORTATION OF THINGS			
OTHER DIRECT CHARGES (TRAVEL, COMMUNICATION, ETC.)			850.26
TOTAL MANUFACTURING COST	\$ 1,328.94	\$ 86,804.36	
GENERAL AND ADMINISTRATIVE EXPENSE	\$ 66.45 ✓	4,750.15	
TOTAL MANUFACTURING COST AND G & A	\$ 1,395.39	\$ 91,554.51	
FIXED FEE	\$ 139.54	9,122.45	
TOTAL GROSS BILLING	\$ 1,534.93	\$ 100,676.96	
ADD: RESUBMISSION OF COSTS			
TOTAL CURRENT CLAIM FOR REIMBURSEMENT	1 EZA 0Z		

OSA - 3819-63

P.O. Box 232
Nashua, New Hampshire
August 28, 1963
MV-122

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CM

Dear Joe,

Attach please find invoice #8 on Contract NH 8420 and
invoice #24 and 25 on Contract AF33(657)8582.

Very truly yours,



/mns

STAT